

**Mission Statement**

Serving, empowering and supporting Missourians to live their best lives.

Vision Statement

Missourians are safe, valued and supported community members.

Core Values

<i>Accountability</i>	<i>Collaboration</i>	<i>Empathy</i>	<i>Excellence</i>
<i>Inclusion</i>	<i>Innovation</i>	<i>Responsiveness</i>	<i>Transparency</i>

Operational Excellence (OpEx)

<https://dmh.mo.gov/about/better-government>



Ask me about OPEX!



It's about defining goals.



It's about measuring progress.



It's about communicating.

Always Improving

Always Learning



MISSOURI

Department of Mental Health

FY23 Priorities



ASPIRATION

DMH will focus efforts on modernizing aspects of Missouri's mental health system, enhancing service delivery models, and improving total health-physical, mental and emotional well-being-of all Missourians.

THEMES

Mental Health Service Capacity and Infrastructure

Children's System of Care

DMH Technology Systems

Workforce

Mental Wellness

INITIATIVES

- Refine and implement Value Based Purchasing models
- Reduce overdose deaths in North St. Louis.
- Implement Crisis 988 mobile response system
- Advance aging caregivers collaborative priorities

- Enhance school-based and early childhood mental health services
- Develop and implement youth and family crisis initiatives
- Support and assist community partners to implement the Family First Act

- Complete design and implement electronic DD case management system
- Align processes and begin Electronic Health Record procurement
- Improve claims validation system capabilities

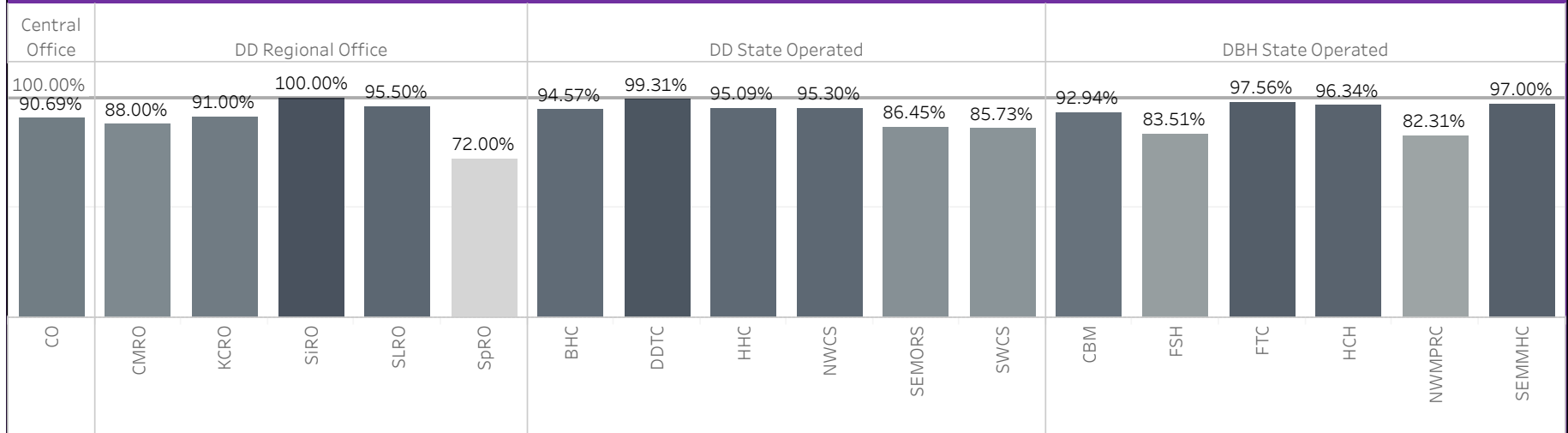
- Streamline onboarding and expand recruitment
- Promote employee development opportunities
- Design and implement targeted compensation adjustments
- Implement focused programs aimed at improving retention and morale

- Promote and expand the Behavioral Health Strike Team
- Develop, promote, and implement employee wellness across the DMH system
- Develop staff trauma supports

Engage and MoLearning

Workforce - DD Days to Fill
Position

% Completed Engage Evaluations: September 2022



MoLearning Completions

Top Skills by Count of Unique Users

Training	161
Security	130
Diversity	115

Top MoLearning Courses March 2023

Content Name

DMH 2023 650-C Preventing Sexual Harassment

DMH 2023 650-C Diversity and Fair Employment Practices

DMH 2023 650-C Privacy and Security

DMH 2023 650-C Core Courses

Dealing with the Seven Deadly Wastes

The Missouri Way Training Series: Show Me Excellence Yellow Belt Training

Sleep Is Your Superpower

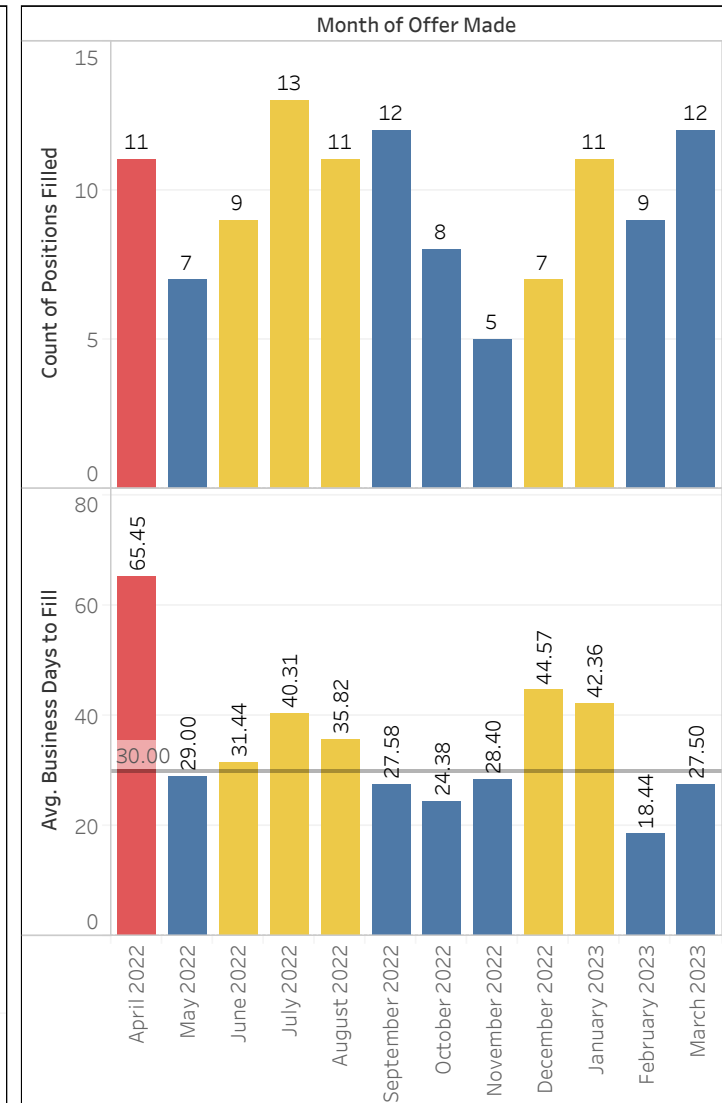
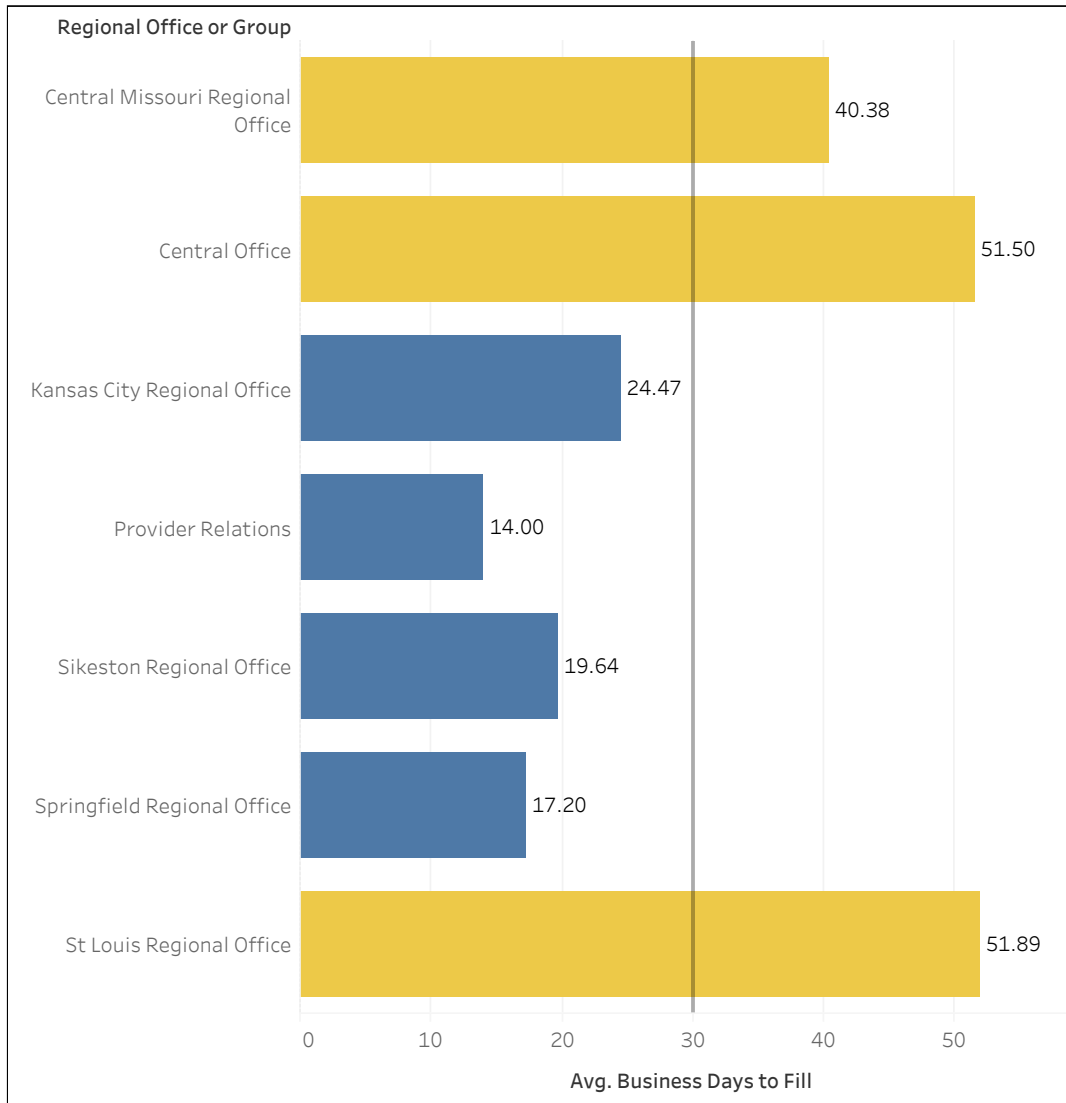
Building Better Relationships through Listening and Validation

Efficient Time Management

The Headspace Guide to Everyday Stress

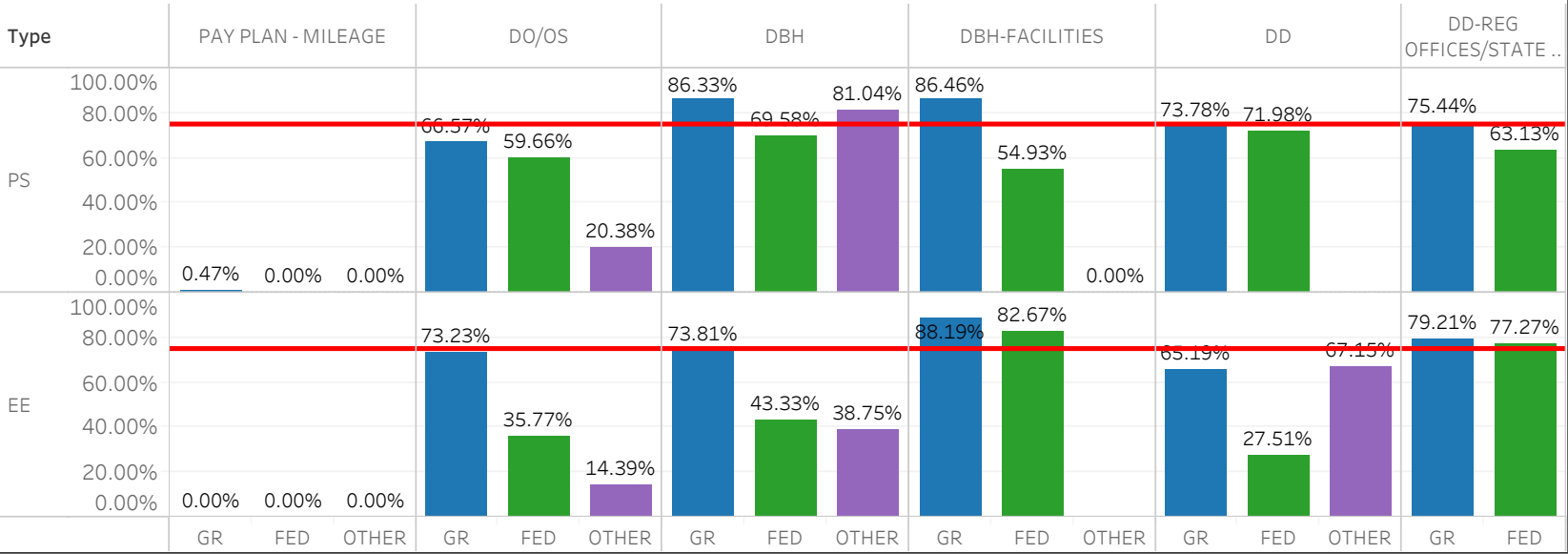
Average Business Days to Fill Position Last 12 Months

*Goal less than 30 business days

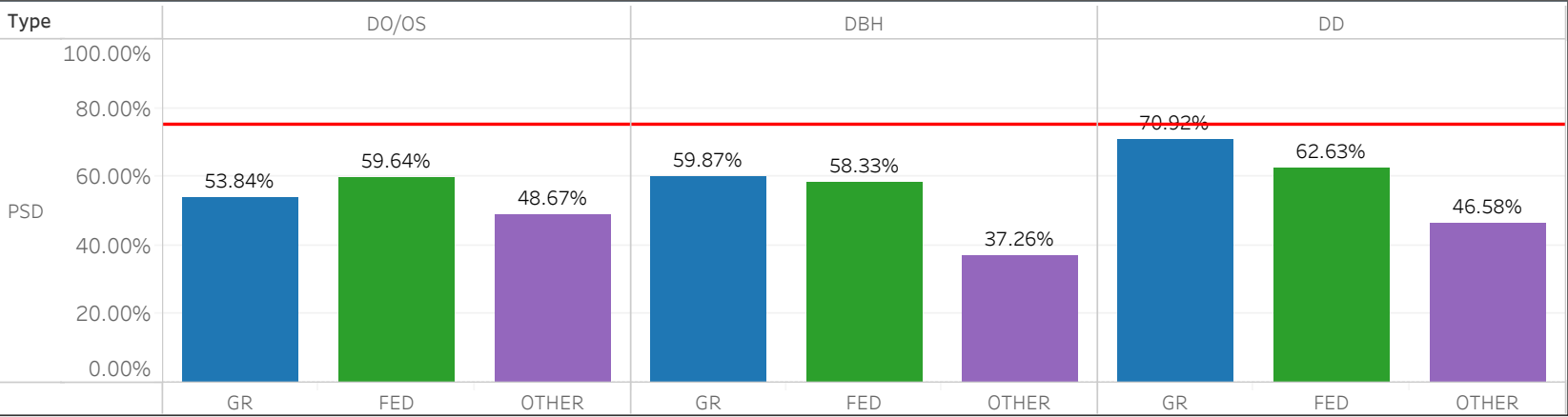


Expenditures by Division through March 2023

Personal Services and Expense & Equipment



Program Expenditures



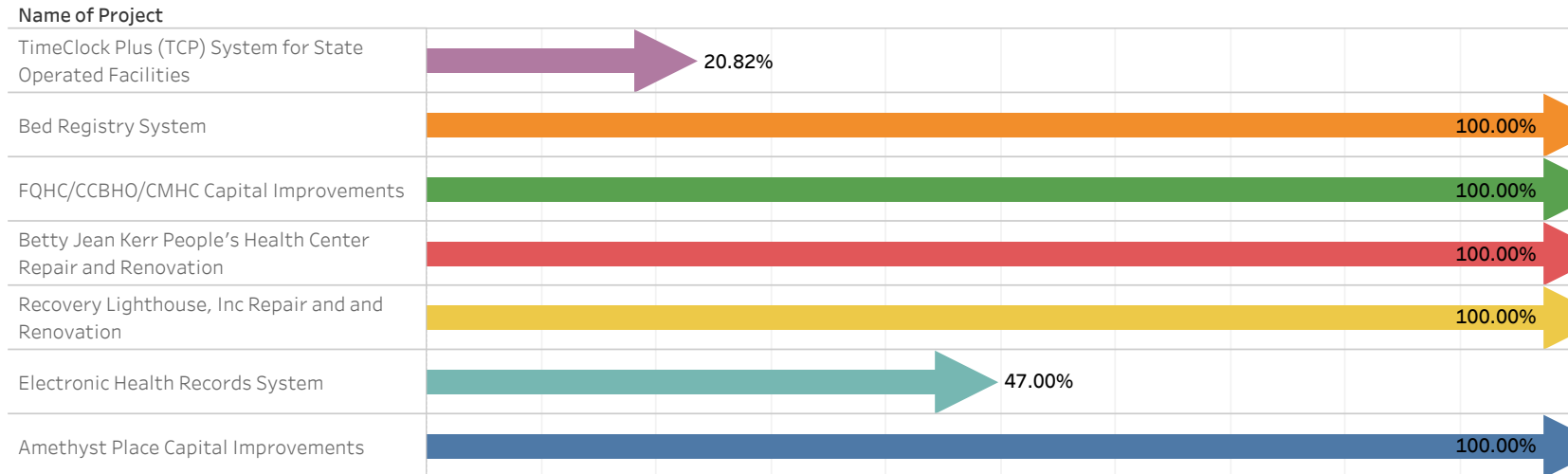
Budget Expended

ARPA Projects &
ExpendituresState Plan Amendment &
Waiver Progress

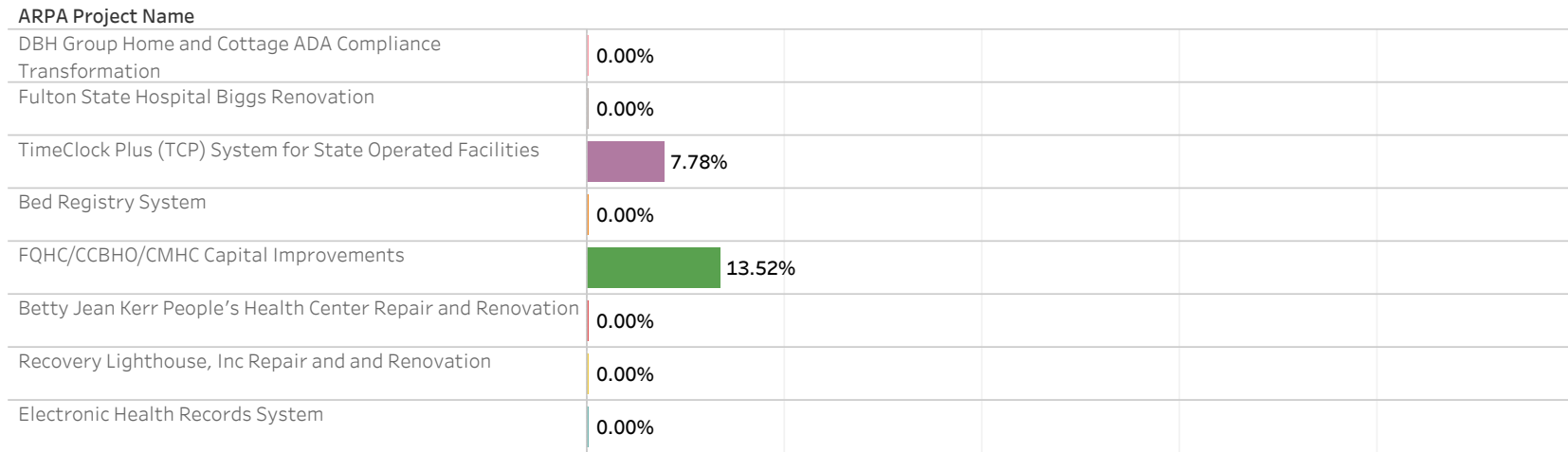
Payments Processed

ARPA Project Tracking

Percent of ARPA Projects Complete



Percent of ARPA Expenditures Paid



Budget Expended

ARPA Projects &
Expenditures

State Plan Amendment &
Waiver Progress

Payments Processed

SPA Waiver Progress

Manual Development		Stage	Submission to CMS
1	CSTAR SPA 09/09/2022		1115 SMI Waiver 07/28/2022

Budget Expended

ARPA Projects &
Expenditures

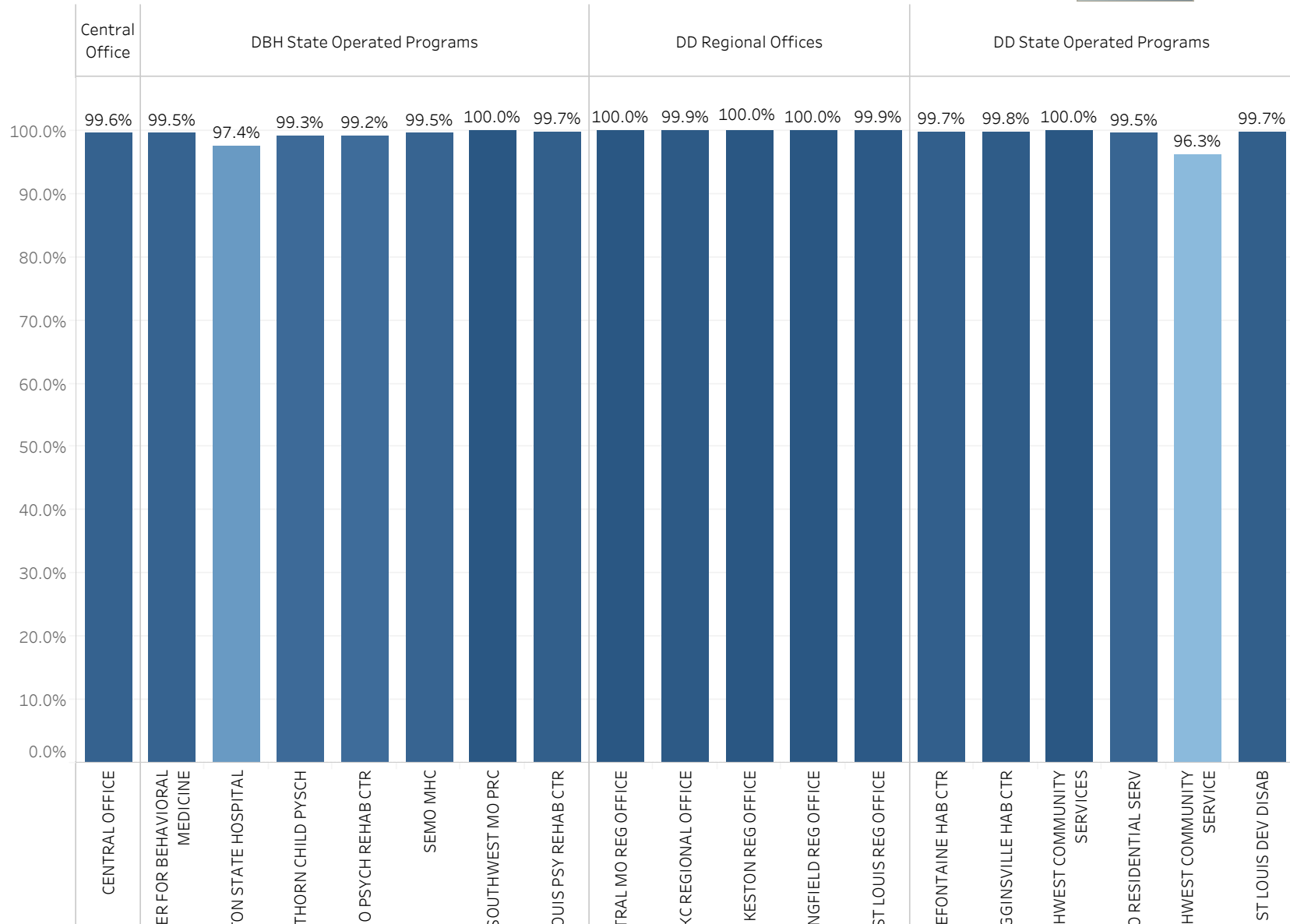
State Plan Amendment &
Waiver Progress

Payments Processed

Percent of Payments Processed Without Error

% of Correct Payments Process..

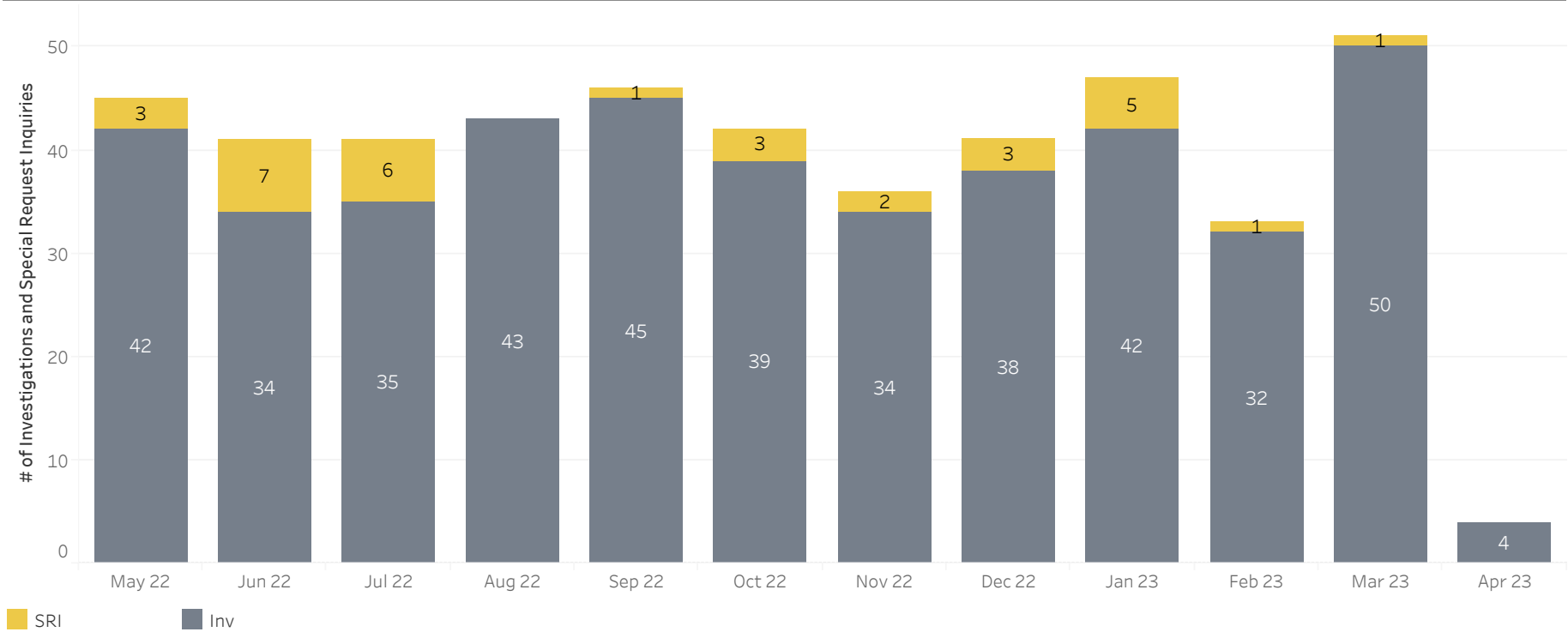
95.0% 100.0%



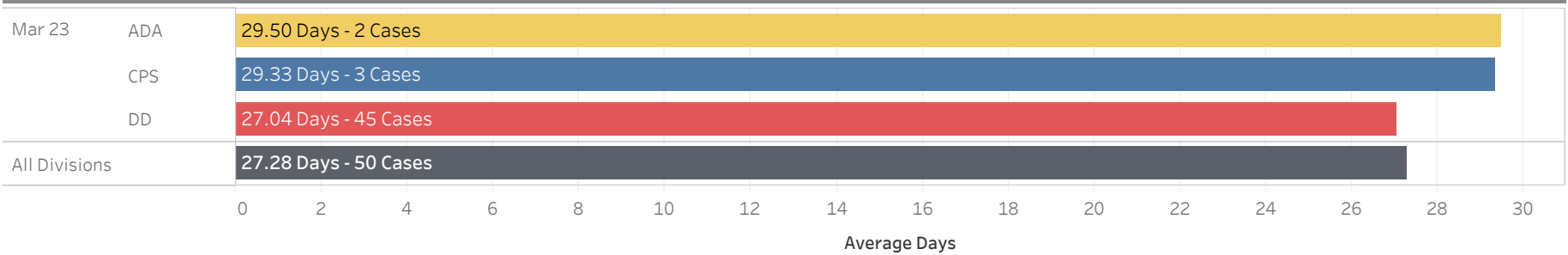
Investigations

Licensing and
Certification

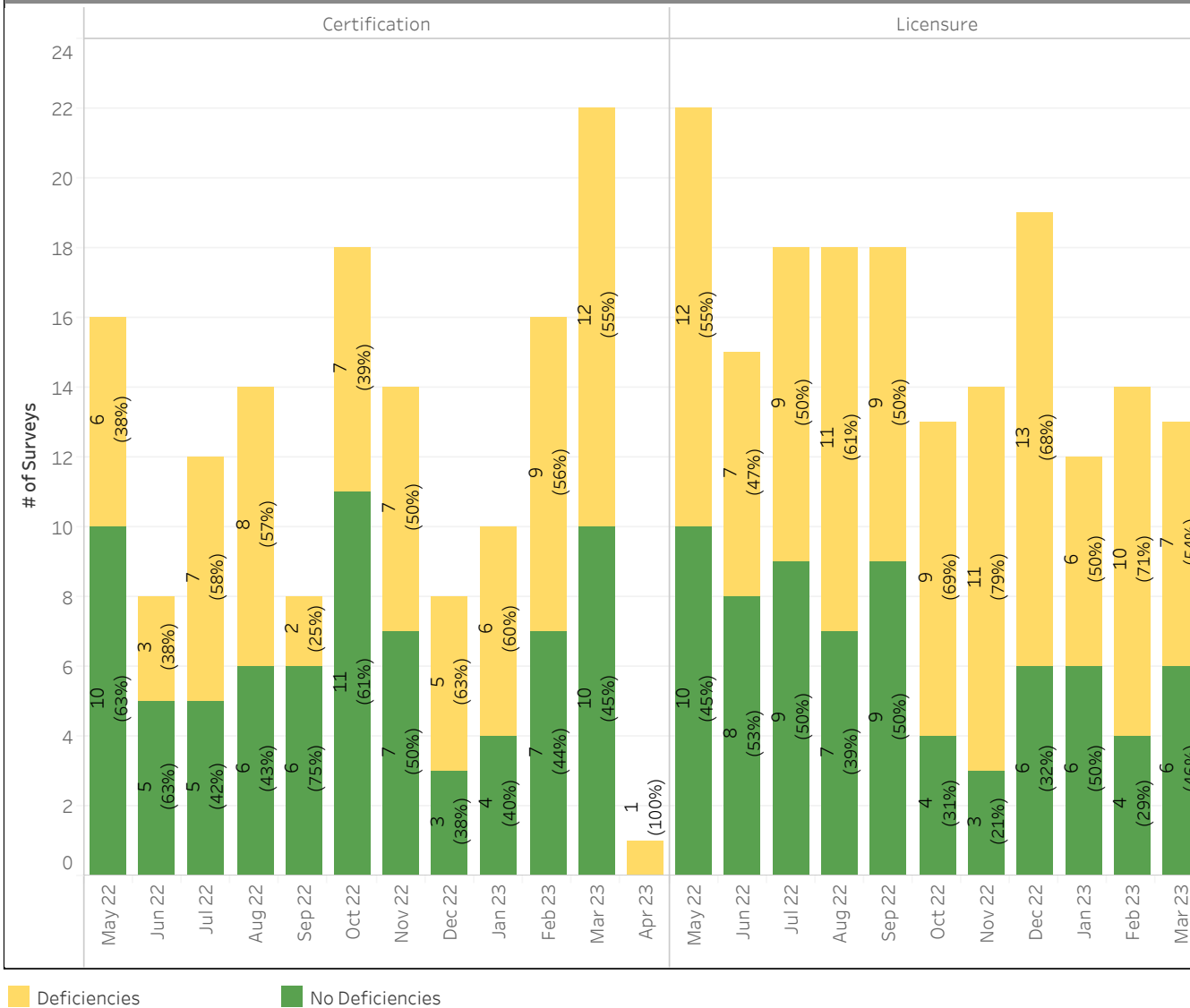
Investigations Completed



Avg Days Assigned to Final or Preliminary Report (non-ICF) Last Month



L&C Surveys

Staff POC Compliance for
Last Month

On Time	Certification	1	1
	Licensure		1

Applications Received Last
Month

	Mar 23
Certification	20
Licensure	23

Certification Deficiencies
Last Month

Background Screening	6
Environment/Safety	5
Health	3
Staff Training	6
Individual Rights	3
Policies & Procedures	4

Licensure Deficiencies Last
Month

Background Screening	2
Health	3
Staff Training	3
Policies & Procedures	3
Individual Rights	3
Environment/Safety	0

HCBS Waiver
Services

Independence/
Self-Sufficiency

Service Capacity/
Infrastructure

Service Capacity/
Infrastructure

Service Capacity/
Infrastructure

Quality Outcome

Workforce



Improving lives THROUGH
supports and services
THAT FOSTER self-determination.

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MISSOURI DEPARTMENT OF MENTAL HEALTH

Home and Community Based Waiver Services

People Requesting Waiver Services

Eligibility Group	November 2022	December 2022	January 2023	February 2023	March 2023	April 2023
In-Home UR Score 0 to 11	138	140	137	105	80	70
In-Home UR Score 12	35	27	26	24	23	22
Residential UR Score 12	83	64	68	44	34	33
Grand Total	256	231	231	173	137	125

Available DD Waiver Slots FY2023

Waiver Type	
Community	722
Comprehensive	661
Lopez	29
Partnership	1,432

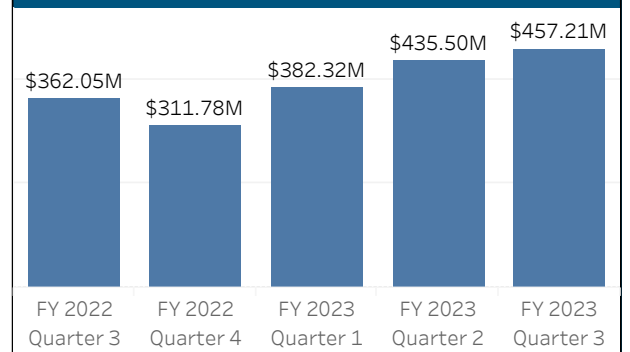
People Served by Waiver

Waiver Type	November 2022	December 2022	January 2023	February 2023
Community	5,265	5,360	5,455	5,512
Comprehensive	8,686	8,701	8,723	8,733
Lopez	313	309	309	307
Partnership	1,978	1,928	1,864	1,827
Grand Total	16,242	16,298	16,351	16,379

Expenditures by Waiver

		FY 2022 Q4	FY 2023 Q1	FY 2023 Q2	FY 2023 Q3
Community	Average Expenditures Per Person	\$7,374	\$7,554	\$11,641	\$11,749
	Total Paid	\$31.43M	\$33.18M	\$54.10M	\$57.84M
Comprehensive	Average Expenditures Per Person	\$33,260	\$41,168	\$44,679	\$46,556
	Total Paid	\$277.09M	\$345.85M	\$376.96M	\$395.21M
MOCDD	Average Expenditures Per Person	\$3,644	\$4,398	\$4,597	\$5,617
	Total Paid	\$0.98M	\$1.19M	\$1.24M	\$1.47M
Partnership	Average Expenditures Per Person	\$1,435	\$1,373	\$2,023	\$1,797
	Total Paid	\$2.27M	\$2.09M	\$3.21M	\$2.68M

Waiver Expenditures Over Time



Expenditures as of 3/31/2023 10:31:48 AM

FY: Fiscal Year starts at July 1

HCBS Waiver
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MISSOURI DEPARTMENT OF MENTAL HEALTH

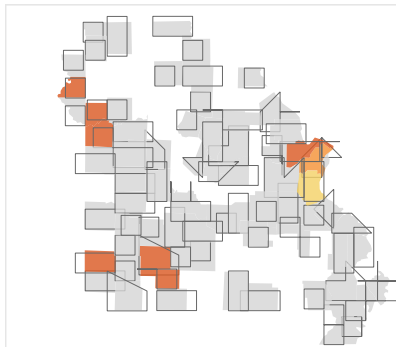
Independence/ Self-Sufficiency

Universal Design and Assistive Technology

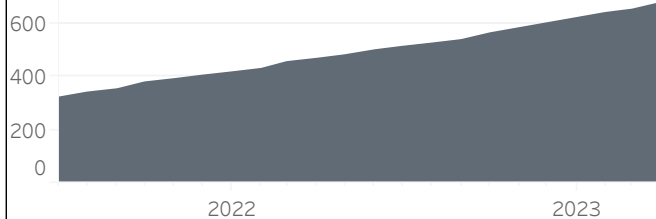
March 2023

% of Individuals with a
Waiver authorized for
Assistive Technology or
Remote Supports

- less than 10
- 1% - 10%
- 11% - 29%
- 30% or more



Cumulative Number of Individuals with an Assistive Technology or Remote Support Service Authorization Since 07-01-2021

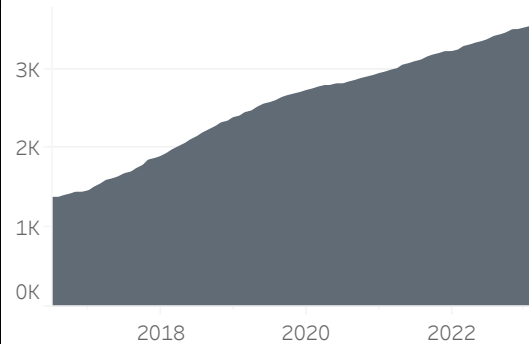


Consultations, Technical Assistances, and Trainings

Program Type	Jan 23	Feb 23	Mar 23
Assistive Technology	3	3	1
Environmental Accessibility Adaptions	53	39	45

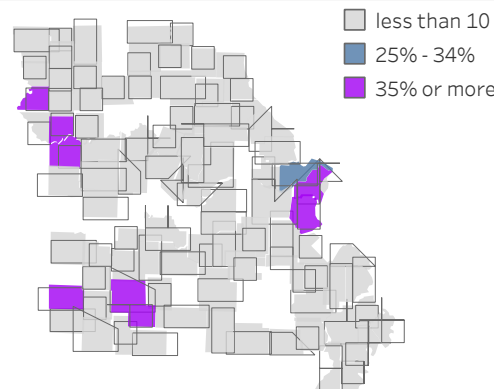
Employment Services

Cumulative Number of Consumers with an Employment Service Authorization



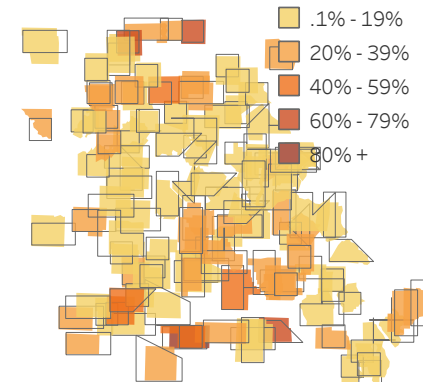
March 2023

% of Individuals ages 14-64 with open Waiver EOC authorized for
employment services

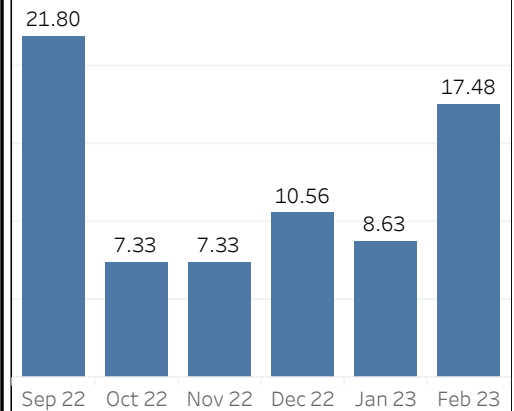


Self Directed Services

Individuals using Self-Directed Services (SDS) Best practice goal is 23%



Average Days to Process New Referral



HCBS Waiver
Services

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Service Capacity/
Infrastructure

Service Capacity/
Infrastructure

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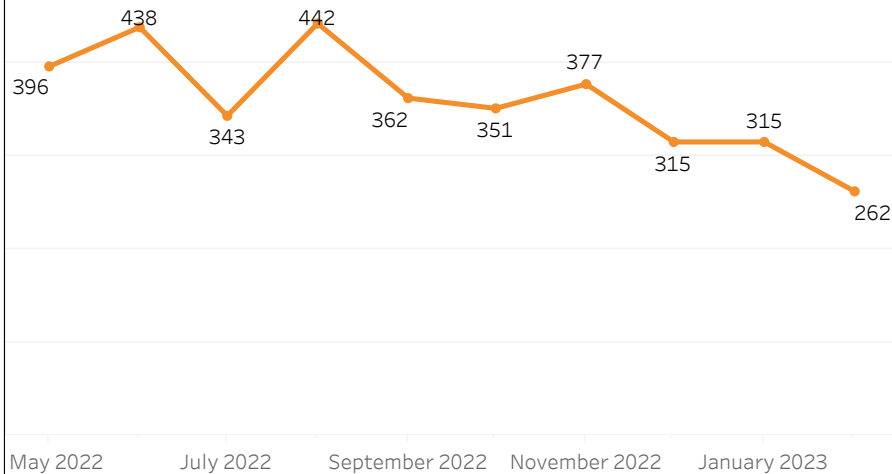
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MISSOURI DEPARTMENT OF MENTAL HEALTH

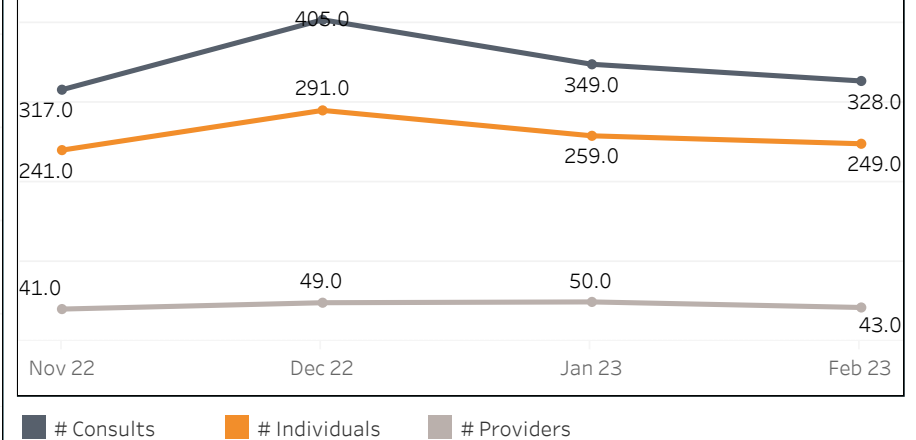
Mental Health Service Capacity/ Infrastructure

Number of Applications Received through Intake



StationMD Usage

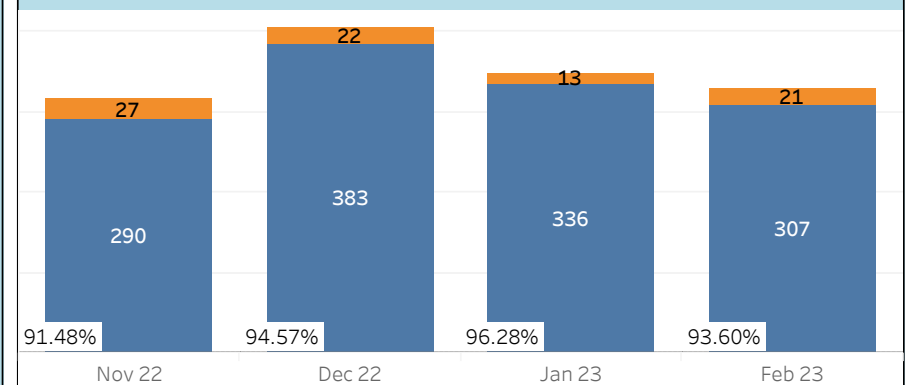
Info on StationMD: dmh.mo.gov/dev-disabilities/stationMD



Timely Annual Budgets by Region

	January 2023	February 2023	March 2023
Albany	80.39%	91.30%	85.71%
Central Missouri			
Hannibal	85.71%	83.87%	84.85%
Joplin	83.49%	83.33%	88.57%
Kansas City	63.24% 36.76%	67.13% 32.87%	69.11%
Kirksville	83.78%	88.89%	97.30%
Poplar Bluff	92.86%	93.65%	90.12%
Rolla	78.45%	92.24%	88.15%
Sikeston	73.49%	80.77%	85.86%
Springfield	84.66%	81.33%	85.86%
St Louis	53.74% 46.26%	65.43% 34.57%	65.77% 34.23%

StationMD Consults that Deflected Emergency Care



OnTime Late

ER Non ER

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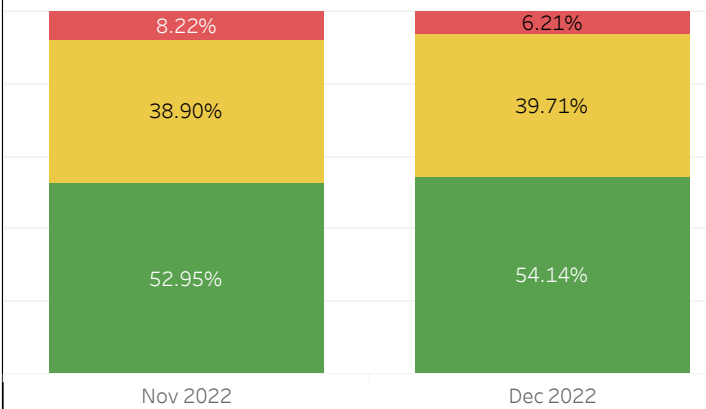


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Mental Health Service Capacity/ Infrastructure

Percent of Residential Individuals by Risk Level

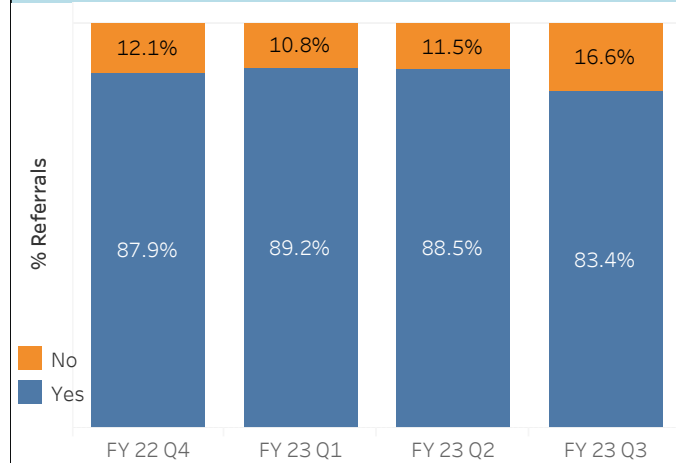


Risk Factor ■ High Risk ■ At Risk ■ No Known Risk

Number of Providers Onboarding HRST by Status

Status	
Initial Process	4
Kick Off Call	5
Gate Keeper Form Returned	6
Granted Access	81
Rating	18

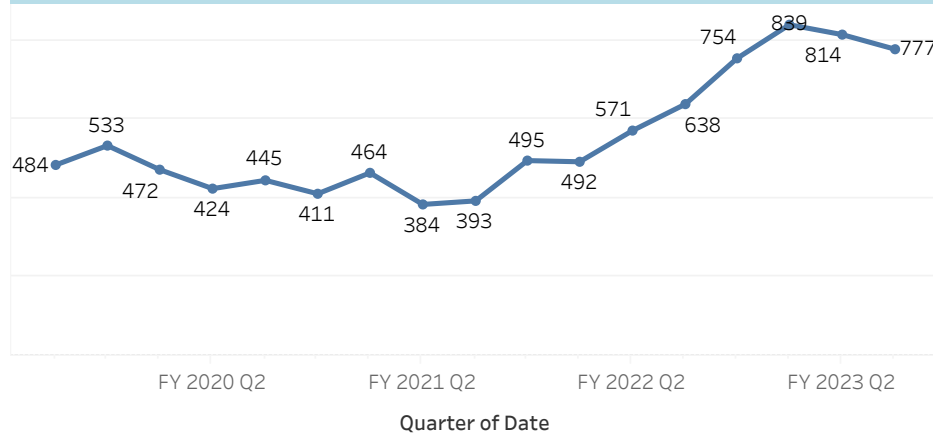
Were Due Process Elements in Place?



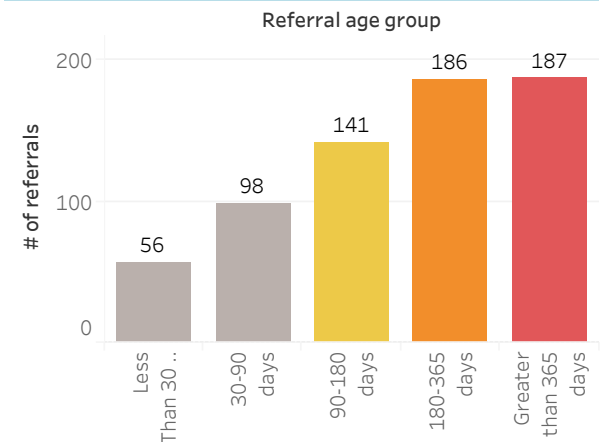
Number of Open Residential Consumer Referrals

668

How many people were in need of a new residential provider over time?



Length of Time Open on Consumer Referral Database



HCBS Waiver
Services

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Mental Health Service Capacity/ Infrastructure

Provider Corrective Action Plan (CAP)

Number of Providers Currently on Corrective Action Plan

	Service Provider	TCM	Grand Total
Count of Agencies	14.00	1.00	15.00
%Service Providers	2.25%	-	2.25%
%TCM	-	1.43%	1.43%

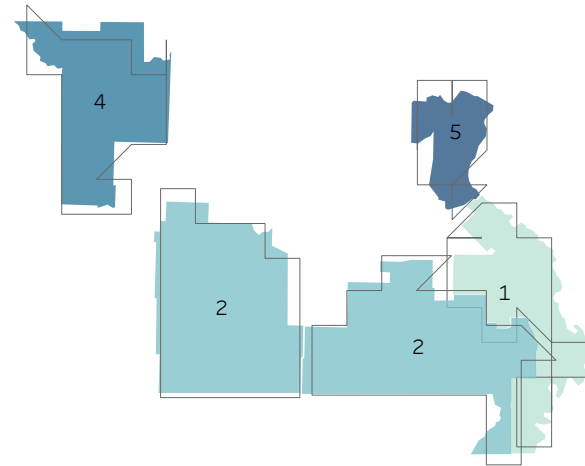
Provider Corrective Action Plans Ended Previous Month

3

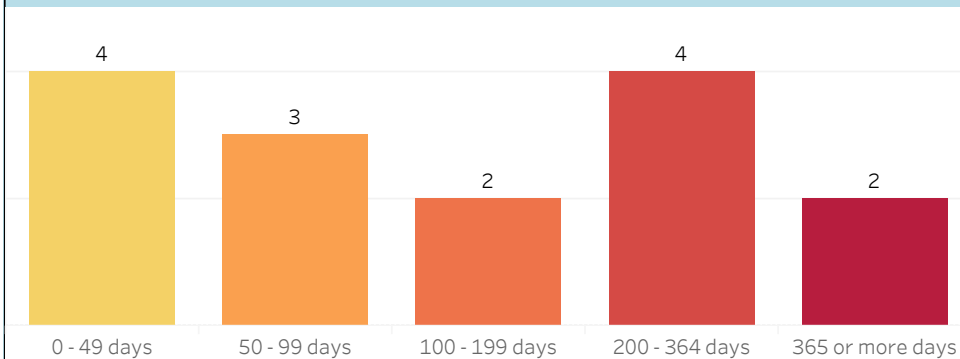
Provider Corrective Action Plans Implemented Previous Month

2

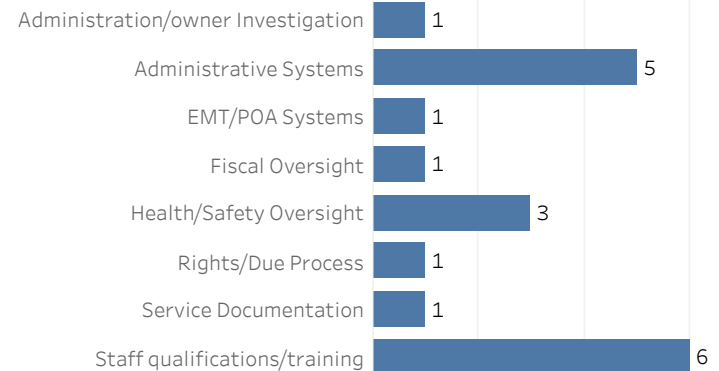
Map of Providers Currently on a Corrective Action Plan



Number of Agencies Currently on CAP by Length of Time



Issues Leading to CAP



HCBS Waiver
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MOQO: Healthy Living

Access to Healthcare

Access to healthcare is an important quality of life indicator that can be measured through multiple Division surveys. Shown here is healthcare access data from the NCI In-Person Survey (IPS), NCI Family Surveys, and the Missouri Quality Outcomes (MOQO) Survey.

The **NCI IPS** is a face-to-face survey with adults with IDD who receive at least one Division service (in addition to support coordination). The **NCI Family Surveys** are mailed to/completed by family members of adults and children with IDD who receive at least one Division service (in addition to support coordination) and live in the family home. The **MOQO Survey** is for those with IDD who receive support coordination from the Division only. This survey may be completed by the individual with IDD or a family member.

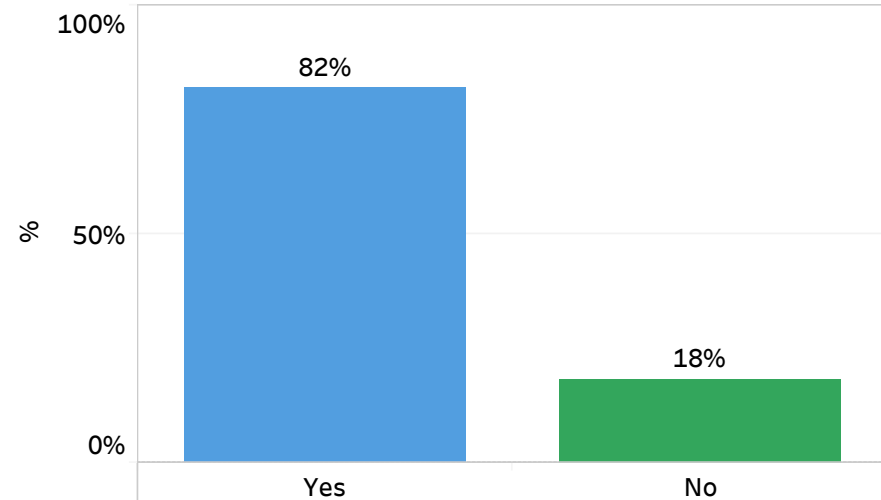
Missouri Quality Outcomes Survey

Needs Support to Make Decisions about Which Doctors to See

Always: 42%	Sometimes: 14%	Don't
	Never: 13%	
	Often: 13%	Rarely: 6%

NCI Adult In-Person Survey

Person with IDD has had a Complete Physical Exam in the Last Year



NCI Family Surveys

Family Member or Child with IDD can See Health Professionals When Needed

Adult Family Survey	Child Family Survey
Always: 71%	Always: 70%
Usually: 25%	Usually: 25%
Sometimes: 4%	Sometimes: 4%
Seldom or Never: 0%	Seldom or Never: 1%

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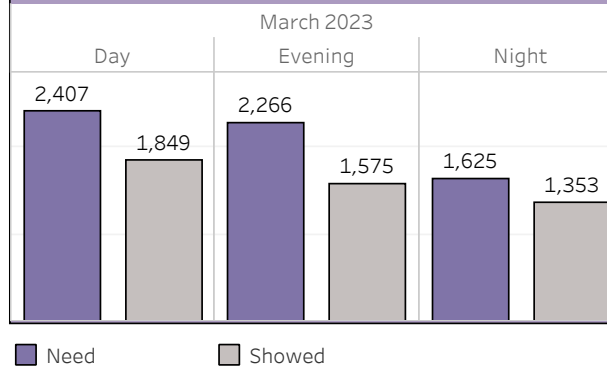


State Operated Programs Workforce

Count of Consumers by Program: March 2023

Grand Total	423
Bellefontaine Habilitation Center	88
Higginsville Habilitation Center	44
Northwest Community Services	121
Southeast Missouri Residential Services	64
Southwest Community Services	36
St Louis Developmental Disabilities Treatment Center	70

Direct Support Professional Staffing by Shift March 2023



Percent Staffed

75.85%

Direct Support Professional Filled Position Changes

	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023
Employees Started	48	43	56	50	38
Employment Ended	42	62	33	33	34
Net Employee Change	6	-19	23	17	4

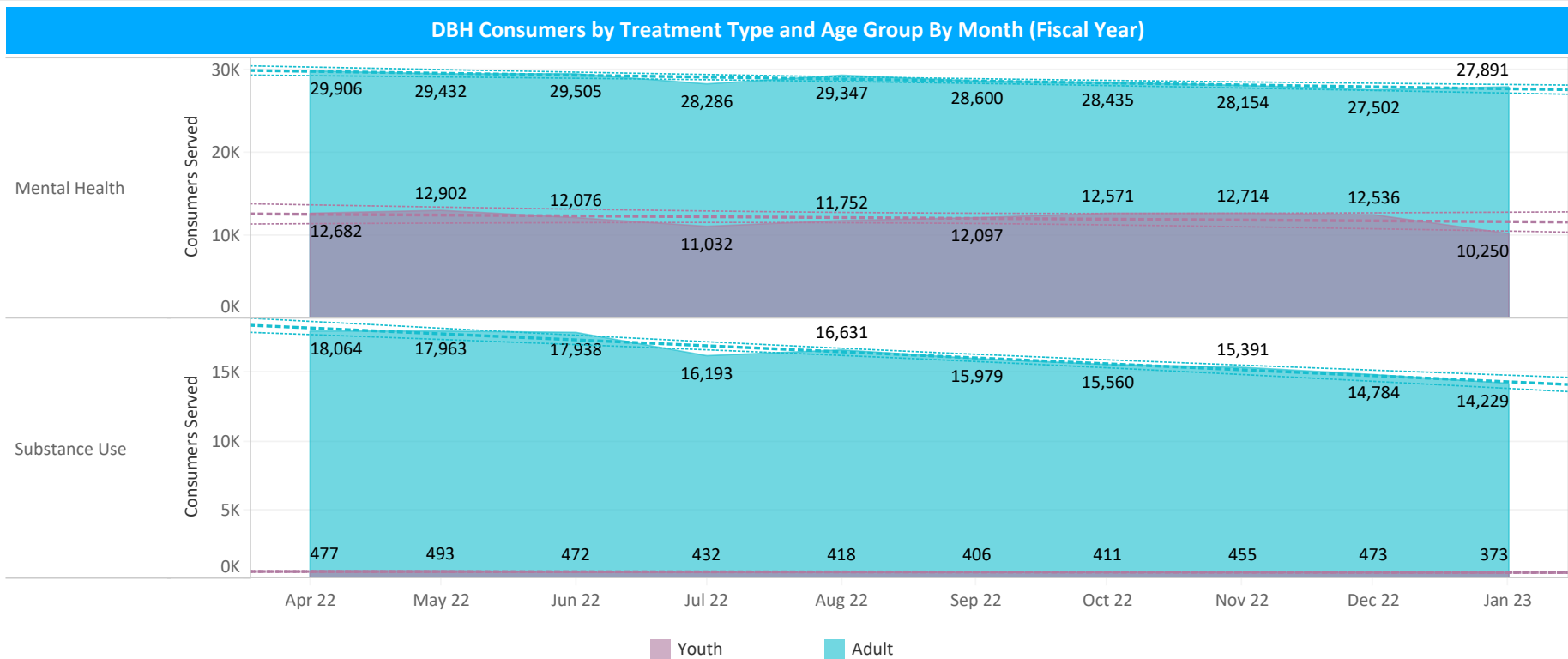
Direct Support Professional Absenteeism Reasons

	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023
# of Staff Holdovers (volunteer/manda..)	3,310	3,090	2,210	1,736	912
Call-ins (unexpected)	1,356	1,388	919	539	326
No Call/ No Show	190	160	82	50	15
Pre-Approve Leave (ie. FMLA, vacation, etc.)	1,943	2,295	1,551	921	499

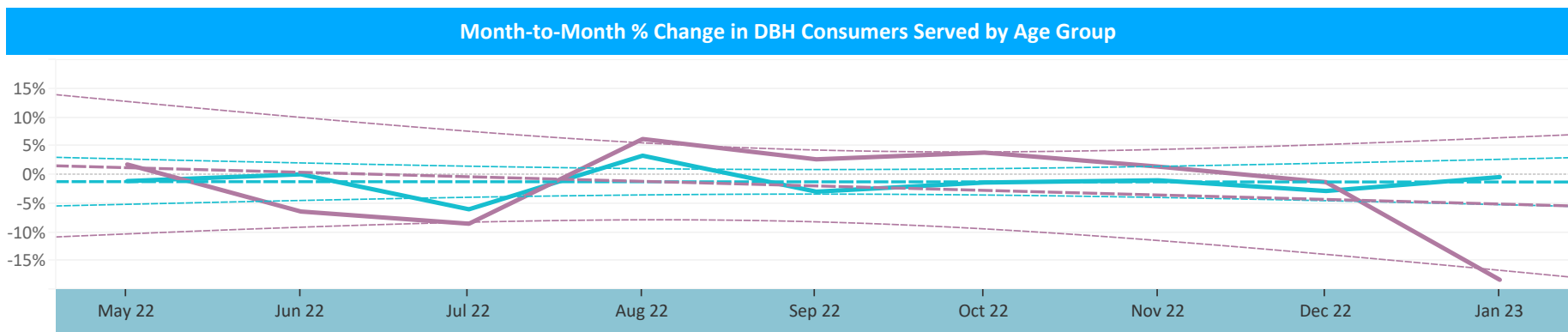
HHC	Need	216		
	Showed	119		
NWCS	Need	563		
	Showed	467		
OB	Need	165		
	Showed	105		
SEMORS: Poplar Bluff	Need	1,628		
	Showed	1,194		
SEMORS: Sikeston	Need	1,296		
	Showed	741		
SWCS	Need	2,430		
	Showed	2,151		

	March 2023		
	Employees Started	Employment Ended	Net Employee Change
HHC	11	7	4.00
NWCS	14	15	-1.00
OB	5	3	2.00
SEMORS: Poplar Bluff	3	1	2.00
SEMORS: Sikeston	1	3	-2.00
SWCS	4	5	-1.00

DBH Individuals Served	SUD Admission Data	Medicated Assisted Treatment	Overdose Prevention	Monitoring Unit Reviews	DBH Facility Vacancies
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The above shows the number of consumers enrolled and receiving services.



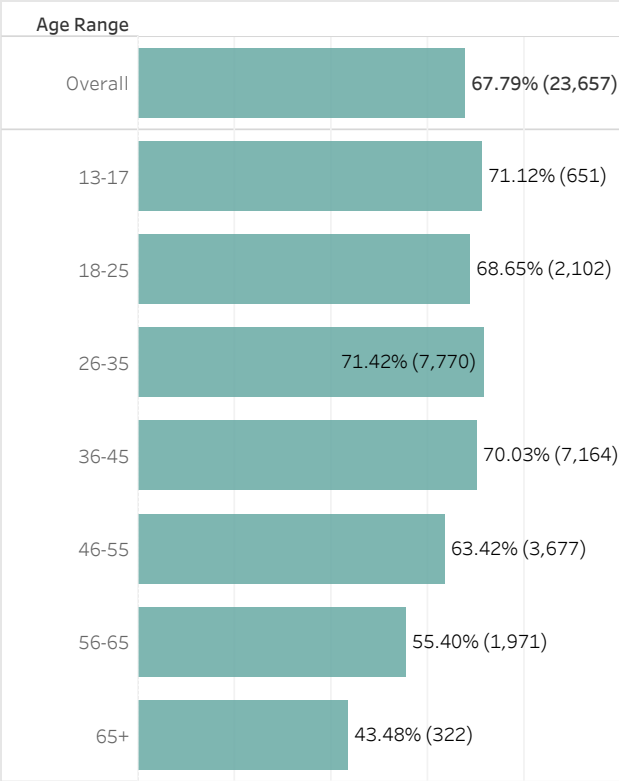
Primary Substances at Program Admission and Polysubstance Indicators

Program Admissions for the time period:
8/25/2021 to 8/24/2022

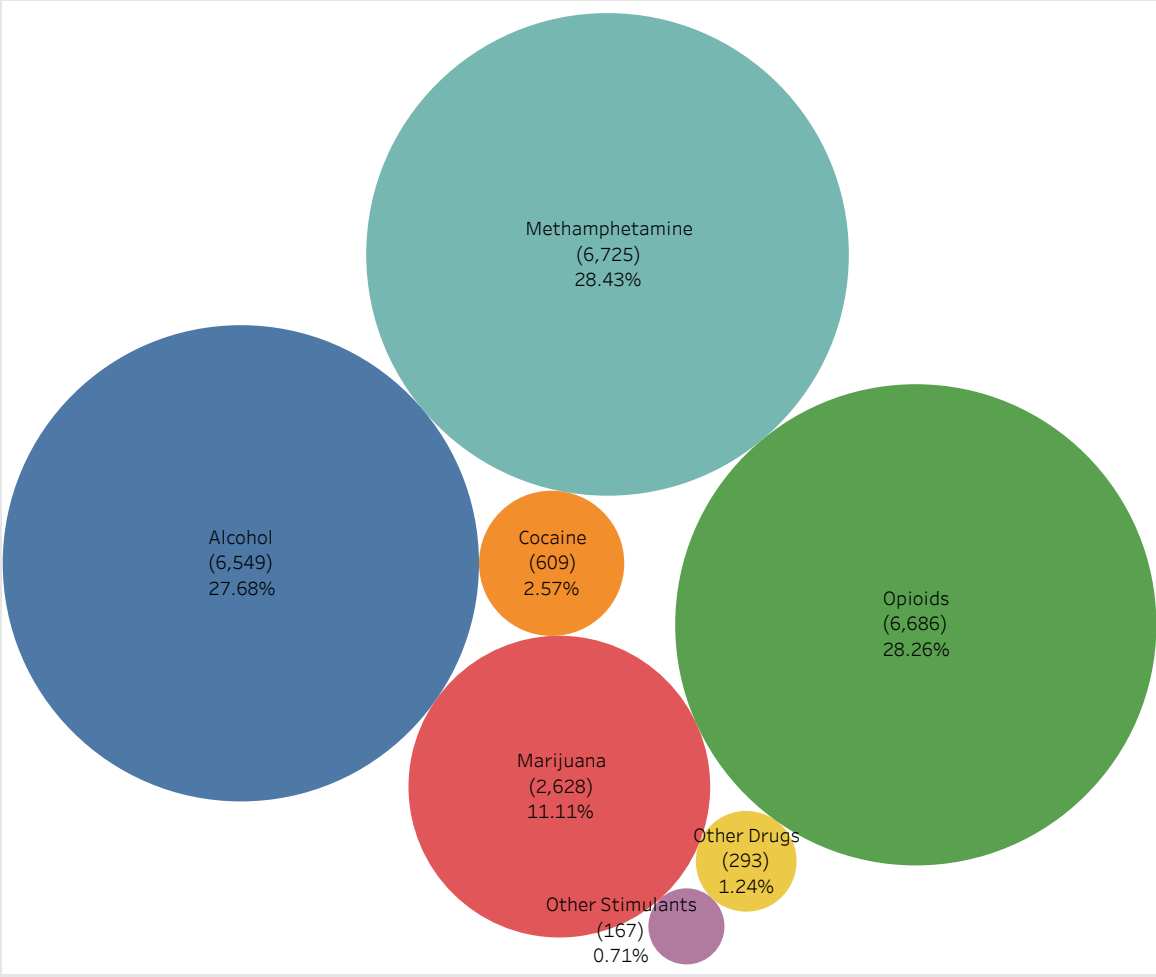
Programs Included
All

Primary Substances at Program Admission

% of Program Admissions with Indicated Polysubstance Issue



The chart above shows the percent of program admissions where the individual’s assessment shows that there are issues with multiple substances. This chart is filtered by the chart on the left (Primary Substance) if a primary substance is selected.



DBH Individuals
Served

SUD Admission
Data

Medicated
Assisted
Treatment

Overdose
Prevention

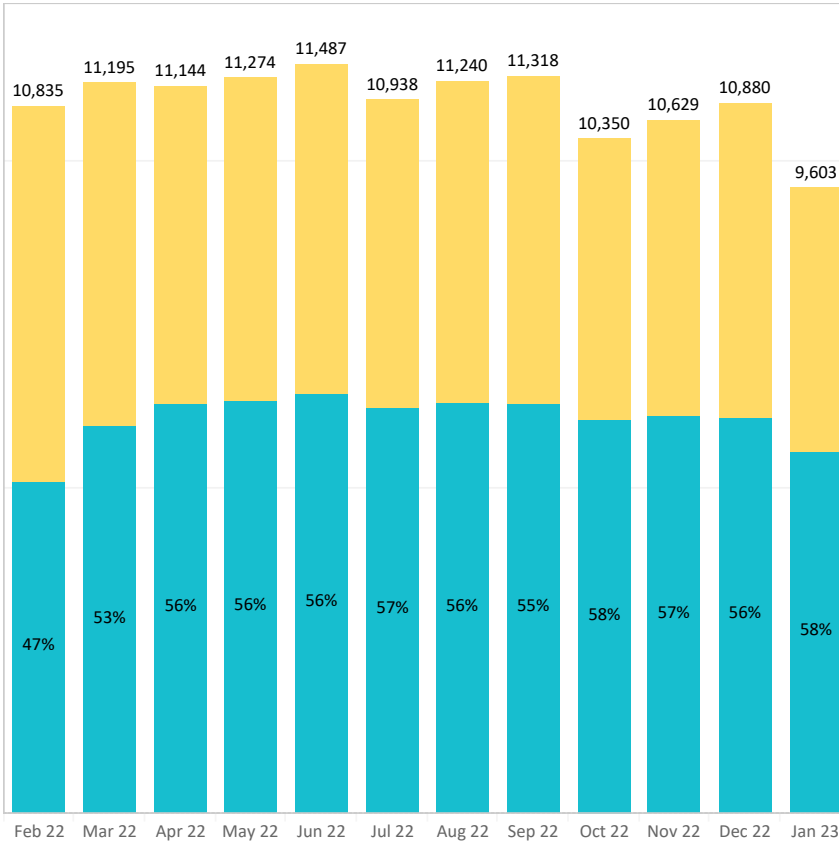
Monitoring Unit
Reviews

DBH Facility
Vacancies

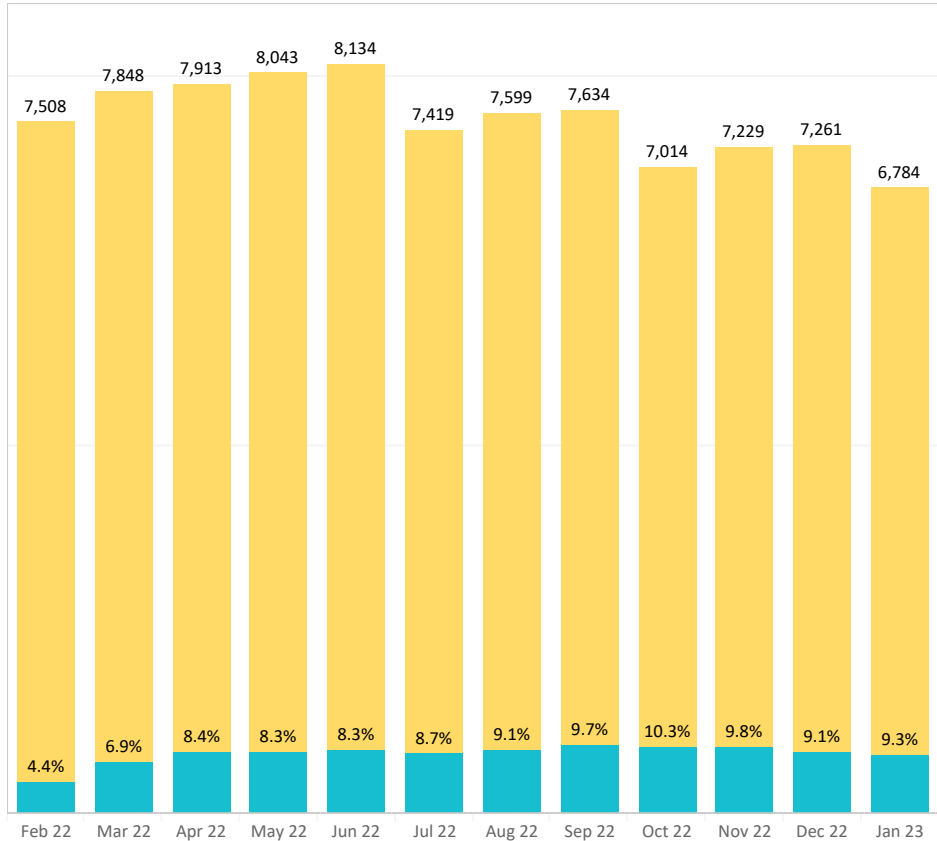


Medication Assisted Treatment (MAT) for substance use disorders continues to be a focus for the Division of Behavioral Health. MAT is primarily focused on the treatment of alcohol use disorders and opioid use disorders. The charts below show the total number of persons in "active" treatment by month and the percentage of those receiving MAT medication for the specified month. These data are limited to medications paid for by DMH or by Medicaid. Treatment providers may also provide MAT services through local grants or other funding sources not found in the available data. These data are lagged by three months in order to allow Medicaid and DMH billing to occur.

Persons with Opioid Use Disorder Receiving MAT



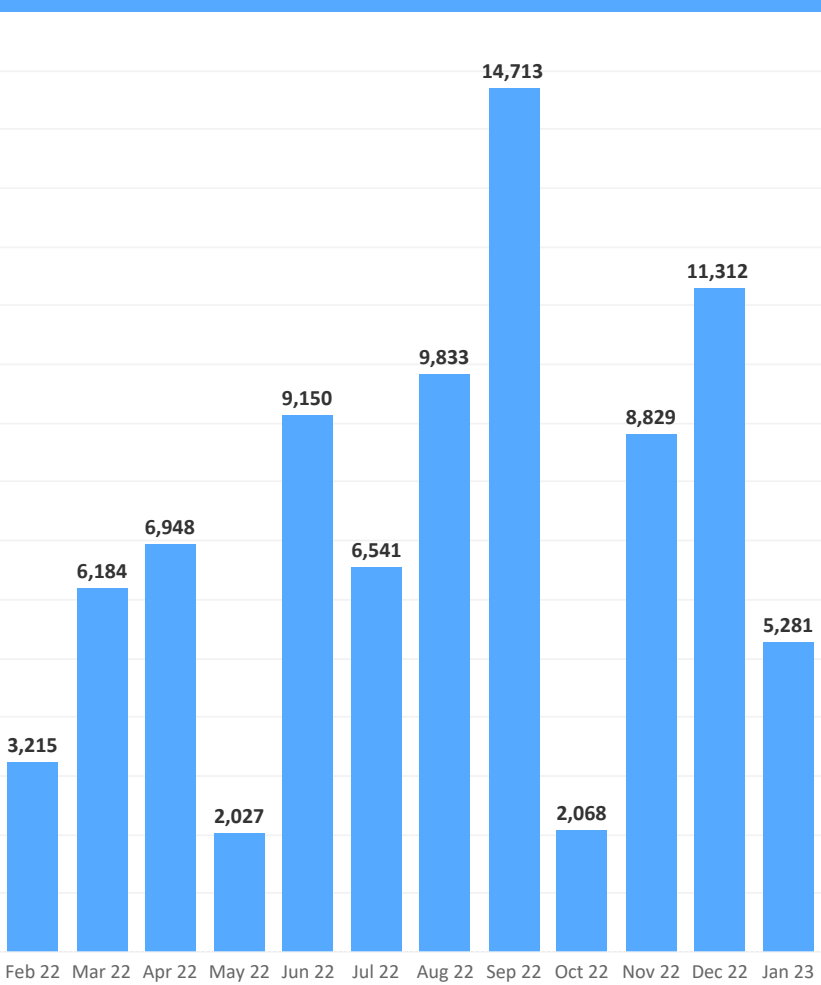
Persons with Alcohol Use Disorder Receiving MAT



Consumer Counts Received MAT

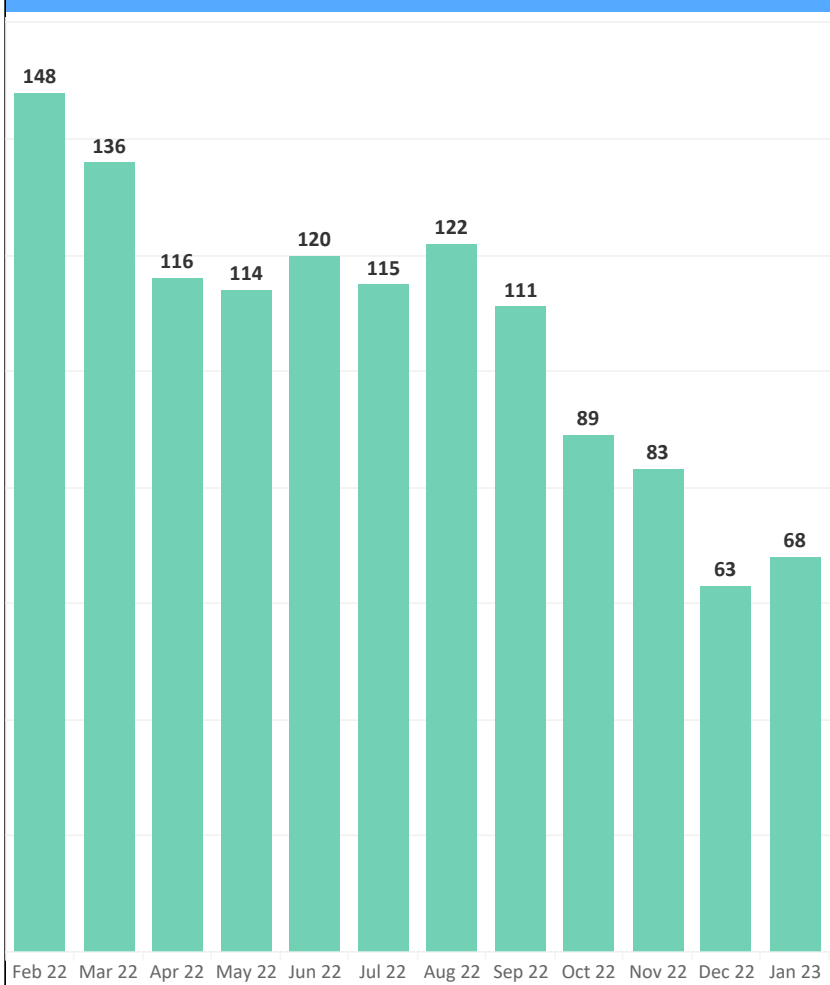
DBH Individuals Served	SUD Admission Data	Medicated Assisted Treatment	Overdose Prevention	Monitoring Unit Reviews	DBH Facility Vacancies
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Total Narcan Kits Distributed across Grants



These data show the number of Narcan kits distributed across all opioid related grants by month.

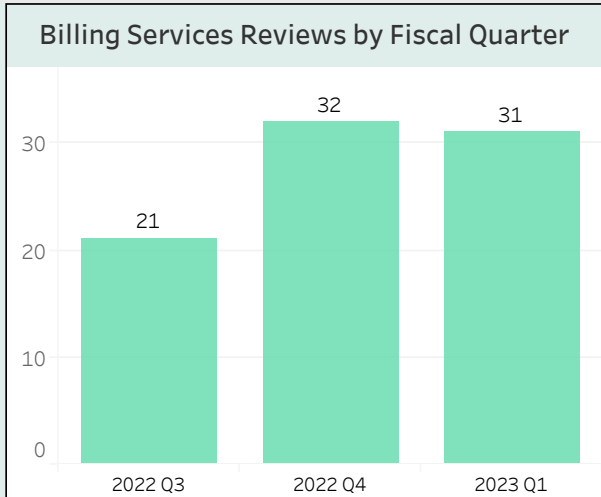
Number of Lives Saved as Reported in Overdose Field Reports



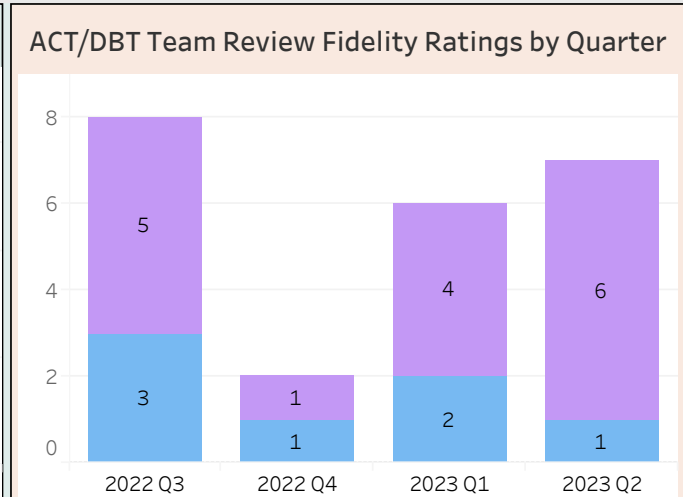
The chart above shows the number of overdose reversals by month that were recorded on Overdose Field Reports submitted to the Missouri Institute of Mental Health. Narcan continues to be an effective tool to combat overdose deaths amongst our population.



DBH Individuals Served	SUD Admission Data	Medicated Assisted Treatment	Overdose Prevention	Monitoring Unit Reviews	DBH Facility Vacancies
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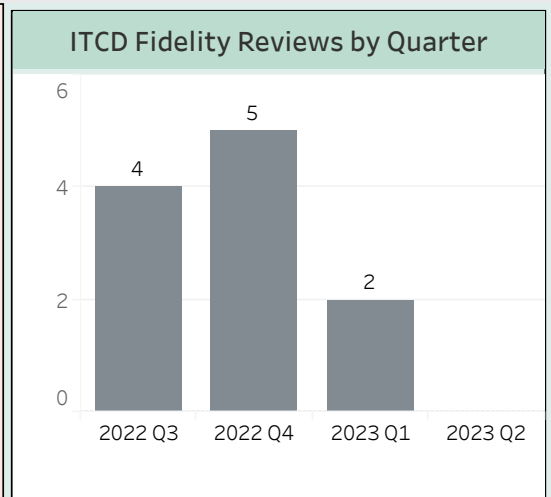


Billing Services Reviews are conducted at agencies on an as-needed or annual basis. These reviews examine non-Medicaid billings to ensure compliance with standards. Medicaid billings are reviewed by the Missouri Medicaid Audit & Compliance unit.



The Fidelity Review team examines practices at DMH providers to ensure that programs utilizing evidence-based practices are delivering quality services to Missourians. The team provides reviews for several different types of programs. The chart above shows reviews for DBT and ACT teams.

Review Type
■ ACT
■ DBT

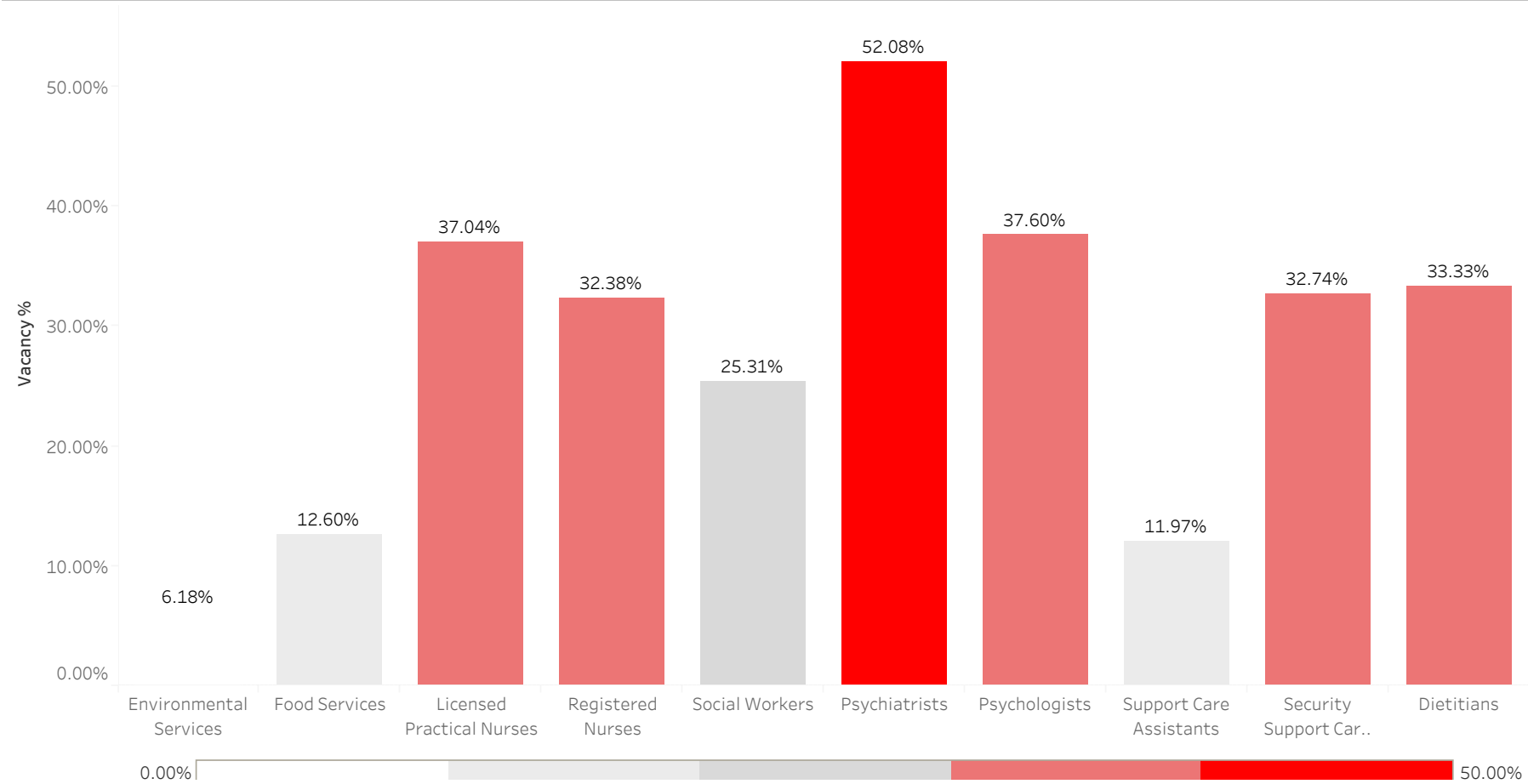


The Fidelity Review team examines practices at DMH providers to ensure that programs utilizing evidence-based practices are delivering quality services to Missourians. This chart shows details for Integrated Treatment for Co-occurring Disorder (ITCD) program reviews.

Monitoring Unit Satisfaction Rates

	Billing Review Team	Certification Team	Fidelity Team
Review Provided and Accurate Picture of Services	95.00%	100.00%	78.13%
Provider was Given Adequate Information	97.50%	100.00%	96.88%
Issues Were Communicated in a Timely Manner	100.00%	100.00%	100.00%
Staff Were Treated with Dignity and Respect	99.17%	100.00%	100.00%
Review Findings Were Informative	99.17%	96.88%	100.00%
Avg. Positive Feedback	98.33%	100.00%	96.88%
Review Staff Acted with Professionalism	99.17%	100.00%	100.00%
Satisfaction with the Use of FTP for Information Exchange	95.00%	84.38%	90.63%
Review Staff Provided Technical Assistance	98.33%	96.88%	100.00%
Satisfied with Virtual Tools Used During the Review	100.00%	100.00%	96.88%
Overall Satisfaction %	98.17%	97.81%	95.94%

DBH Inpatient Facility Current Vacancy Rates



Inpatient facilities often cover shifts using voluntary second appointments, part-time appointments, voluntary overtime, mandated overtime, and by using staff from contracted staffing agencies. In some cases, vacancy rates reduce the number of beds available for use at facilities.

Security Support Care Assistants are utilized at Fulton State Hospital within the high security units and the sex offender rehabilitation and treatment units at both Fulton State Hospital and Southeast Missouri Mental Health Center.